



# CONSTRUCTION CONTRACTORS BOARD

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## RESPONSIBLE MANAGING INDIVIDUAL (RMI) CHANGE REQUEST FORM

### ENTITY NAME AND CCB NUMBER

\_\_\_\_\_  
Name of Business Entity

\_\_\_\_\_  
CCB License Number

### REMOVE RMI\*

Print **legal name** of RMI to be removed: \_\_\_\_\_  
Full legal *first*      Full legal *middle*      Full legal *last*

*\*If you are removing yourself, you must sign in the designated area on page 3\**

### ADD RMI – A license may have more than one RMI

1. Print **legal name** of RMI to be added: \_\_\_\_\_  
Full legal *first*      Full legal *middle*      Full legal *last*

\_\_\_\_\_  
Date of birth (MM/DD/YYYY)

\_\_\_\_\_  
Last 4 digits of SSN

\_\_\_\_\_  
Driver's License # & State of Issue

2. The RMI listed above is:

An owner, partner, corporate officer, LLC member or trustee

An employee

3. This RMI is the:     Primary RMI     Additional RMI

4. (A) **TRAINING AND TESTING:**

The RMI completed the 16-hour training, and **passed the test within 24 months** of the date of this application.

Yes\*\*     No    *\*\*If yes, please attach a copy of the test site score report.*

**OR**

The RMI completed the 16-hour training, passed the test and is the RMI of a license that is either currently active or has not lapsed for more than 24 months prior to the date of this application.

Yes\*\*     No    *\*\*If yes, CCB License Number: \_\_\_\_\_*

(B) **EXPERIENCE:** The training and test are not required if...

(a) The RMI was listed on CCB's records as having been an owner or officer of a licensed construction contractor before July 1, 2000, and

(b) The license of the contractor referred to above has not lapsed for more than 24 months since July 1, 2000, and

*...continued on page 2*

(c) The RMI has been listed on CCB’s records as having been an owner, officer, or RMI of a licensed contractor during the 24-month period before the date of the application for the new license.

**(C) Does the RMI meet the experience requirement?**

Yes\*\*    No   *\*\*If yes, CCB License Number: \_\_\_\_\_*

**CONSTRUCTION DEBT**

Relating to construction activities, check all that apply to each RMI being added to this CCB License. **You must check at least one.** If any of the below construction debt exists provide copies of the court actions or final orders related to the action.

- A final judgment entered within five years preceding this application that remains unsatisfied against the person by a court in any state that requires the person to pay money to another person or to a public body.
- A final order issued within five years preceding this application that remains unsatisfied against the person by an administrative agency in any state that requires the person to pay money to another person or to a public body.
- A court action that is currently pending against the person in any state that alleges the person owes money to another person or to a public body.
- An action currently pending by an administrative agency in any state with an order seeking that the person pay money to another person or to a public body.
- None of the above are applicable to any person being added in this application.

**CRIMINAL BACKGROUND**

Has the RMI being added to this CCB License been indicted for or convicted of any of the following crimes?

No    Yes

If “Yes,” check the appropriate box(es) and fill in the information below. Please provide a detailed explanation of the crime on a separate piece of paper. Include police reports, court documents and letters of reference.

|   | <u>Date</u> | <u>State</u> | <u>County</u> |                                    | <u>Date</u> | <u>State</u> | <u>County</u> |
|---|-------------|--------------|---------------|------------------------------------|-------------|--------------|---------------|
| <input type="checkbox"/> Murder   | _____       | _____        | _____         | <input type="checkbox"/> Robbery 1 | _____       | _____        | _____         |
| <input type="checkbox"/> Assault 1                                      | _____       | _____        | _____         | <input type="checkbox"/> Theft 1   | _____       | _____        | _____         |
| <input type="checkbox"/> Kidnapping                                     | _____       | _____        | _____         | <input type="checkbox"/> Arson 1   | _____       | _____        | _____         |
| <input type="checkbox"/> Sexual abuse                                   | _____       | _____        | _____         | <input type="checkbox"/> Theft by  | _____       | _____        | _____         |
| <input type="checkbox"/> Rape, sodomy<br>or unlawful sexual penetration | _____       | _____        | _____         | extortion                          | _____       | _____        | _____         |

If you are under court supervision, list that individual’s name and contact number:

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

*PLEASE NOTE: Providing incomplete or inaccurate information may delay or prevent approval of your license request. The CCB has the authority to do a criminal history check on all applicants.*

**SIGNATURE(S) of the RMI to be ADDED**

As an RMI, I certify that: (1) I have management or supervisory authority over the construction activities of the business; and (2) If this business incurs a construction debt that it does not pay, I understand that I may be prohibited from serving as an owner, officer or RMI of another license applicant unless that construction debt is satisfied, paid, or discharged.

In addition, I certify that the above information is complete and accurate.

\_\_\_\_\_  
Signature of RMI – *Required if being added*

\_\_\_\_\_  
Date - *Required*

**Authorizing Signature:**

\_\_\_\_\_  
Print full legal name (current owner, partner, corporate officer or member of the CCB making this request)

\_\_\_\_\_  
Signature (owner, partner, office, or member) – *Required for additions*

\_\_\_\_\_  
Date - *Required*

**SIGNATURE of RMI who is REMOVING THEMSELVES\***

Please remove me from the position of Responsible Managing Individual (RMI) from this CCB license effective immediately unless otherwise noted below:

\_\_\_\_\_  
Print RMI's full legal name for self-removal

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Signature of RMI who is removing themselves – *Required for removal*

\_\_\_\_\_  
Date - *Required*